

CONFERENCE COMMITTEE REPORT DIGEST FOR ESB 193

Citations Affected: Noncode.

Synopsis: Comprehensive care bed moratorium. Conference committee report to ESB 193. Extends the moratorium on new comprehensive care beds until March 30, 2008. Adds exemptions from the comprehensive care bed moratorium. States that a licensed health facility may not convert to a continuing care retirement community during the comprehensive care bed moratorium. Requires the health finance commission to study certain issues concerning hospitals. **(This conference committee report: (1) changes the definition of "replacement bed" and removes the joint notification requirement for replacement beds; (2) adds a provision that prohibits an existing health facility from converting to a continuing care retirement community during the comprehensive care bed moratorium; (3) removes language placing a moratorium on the construction of hospitals; (4) changes the expiration date of the moratorium on comprehensive care beds to March 30, 2008, from June 30, 2008; and (5) clarifies that the specified administrative rule is voided prospectively upon passage of the act.)**

Effective: Upon passage.

CONFERENCE COMMITTEE REPORT

MADAM PRESIDENT:

Your Conference Committee appointed to confer with a like committee from the House upon Engrossed House Amendments to Engrossed Senate Bill No. 193 respectfully reports that said two committees have conferred and agreed as follows to wit:

that the Senate recede from its dissent from all House amendments and that the Senate now concur in all House amendments to the bill and that the bill be further amended as follows:

- 1 Delete everything after the enacting clause and insert the following:
- 2 SECTION 1. P.L.96-2006, SECTION 2, IS AMENDED TO READ
- 3 AS FOLLOWS [EFFECTIVE UPON PASSAGE]; SECTION 2. (a) As
- 4 used in this SECTION, "comprehensive care bed" means a bed that:
- 5 (1) is licensed or is to be licensed under IC 16-28-2;
- 6 (2) functions as a bed licensed under IC 16-28-2; or
- 7 (3) is subject to IC 16-28.
- 8 The term does not include a comprehensive care bed that will be used
- 9 solely to provide specialized services and that is subject to IC 16-29.
- 10 **(b) As used in this SECTION, "replacement bed" means a**
- 11 **comprehensive care bed that is relocated to a health facility that is**
- 12 **licensed or is to be licensed under IC 16-28.**
- 13 ~~(b)~~ (c) This SECTION does not apply to the following:
- 14 (1) A hospital licensed under IC 16-21-2 that in accordance with
- 15 IC 16-29-3-1, as amended by this act, converts not more than:
- 16 (A) thirty (30) acute care beds to skilled care comprehensive
- 17 long term care beds; and
- 18 (B) an additional twenty (20) acute care beds to either
- 19 intermediate care comprehensive long term care beds or
- 20 skilled care comprehensive long term care beds;
- 21 that are to be certified for participation in a state or federal
- 22 reimbursement program, including a program under Title XVIII

of the Social Security Act (42 U.S.C. 1395 et seq.) or the state Medicaid program, if those beds will function essentially as beds licensed under IC 16-28.

(2) A health facility licensed or to be licensed under IC 16-28 that is under development on June 30, 2006, to add, construct, or convert comprehensive care beds. In determining whether a health facility is under development on June 30, 2006, the state department shall consider:

(A) whether:

- (i) architectural plans have been completed;
- (ii) funding has been received;
- (iii) zoning requirements have been met; and
- (iv) construction plans for the project have been approved by the state department and the division of fire and building safety; and

(B) any other evidence that the state department determines is an indication that the health facility is under development.

(3) A health facility that is licensed or is to be licensed under IC 16-28 and that adds, constructs, or converts a comprehensive care bed that is a replacement bed for an existing comprehensive care bed.

(4) A health facility that is licensed or is to be licensed under IC 16-28 and that applies to certify a comprehensive care bed for participation in a state reimbursement program, if the bed for which the health facility is seeking certification is a replacement bed for an existing certified comprehensive care bed.

(5) A continuing care retirement community required to file a disclosure statement under IC 23-2-4.

(6) One (1) health facility that is licensed or is to be licensed under IC 16-28 and that meets the following conditions:

(A) The health facility will add or construct not more than a total of twenty (20) comprehensive care beds.

(B) The director of the division of aging has determined that the health facility will provide an innovative and unique approach to the delivery of comprehensive care that incorporates residential accommodations in a small group setting offering a person centered culture.

~~(c)~~ **(d)** Comprehensive care beds may not be added or constructed in Indiana.

~~(d)~~ **(e)** Residential beds licensed under IC 16-28-2 and unlicensed beds may not be converted to comprehensive care beds.

~~(e)~~ **(f)** The Indiana health facilities council may not recommend and the state department of health may not approve the certification of new or converted comprehensive care beds for participation in a state reimbursement program, including the state Medicaid program.

(g) A health facility that:

(1) is licensed under IC 16-28; and

(2) has not, before May 1, 2007, filed a disclosure statement under IC 23-2-4 that is required of a continuing care retirement community;

1 may not convert to a continuing care retirement community or file
 2 the disclosure statement described in IC 23-2-4.

3 ~~(f)~~ (h) This SECTION expires ~~June 30, 2007~~; March 30, 2008.

4 SECTION 2. [EFFECTIVE UPON PASSAGE] (a) The health
 5 finance commission shall study the following topics:

6 (1) Whether hospitals, including specialty hospitals, should be
 7 placed under a moratorium from adding or constructing new
 8 facilities.

9 (2) Whether specialty hospitals should be restricted from
 10 presenting their facilities to the public as a hospital.

11 (3) Whether the definition of the term "hospital" under
 12 IC 16-18-2-179 should be amended to include or exclude
 13 certain specialty health facilities.

14 (b) The health finance commission shall issue its
 15 recommendations concerning the topics studied under subsection
 16 (a) before November 1, 2007.

17 (c) This SECTION expires December 31, 2007.

18 SECTION 3. [EFFECTIVE UPON PASSAGE] 405 IAC 5-4-4 is
 19 void prospectively upon the date of passage of this act. The
 20 publisher of the Indiana Administrative Code and Indiana Register
 21 shall remove this section from the Indiana Administrative Code.

22 SECTION 4. An emergency is declared for this act.

(Reference is to ESB 193 as printed March 27, 2007.)

Conference Committee Report
on
Engrossed Senate Bill 193

Signed by:

Senator Miller
Chairperson

Representative Brown C

Senator Rogers

Representative Brown T

Senate Conferees

House Conferees